



State of Utah

DEPARTMENT OF COMMERCE

Division of Corporations & Commercial Code

File Number _____

Check Here If:	Non-Refundable Fee:
<input type="checkbox"/> Foreign Profit Corporation	\$37.00
<input type="checkbox"/> Foreign Nonprofit Corporation	\$37.00
<input type="checkbox"/> Foreign Limited Partnership	\$27.00
<input type="checkbox"/> Foreign Limited Liability Company	\$37.00

Application Amending Authority to Conduct Affairs or Registration

If the business name has changed its name in the home state, a copy of the Certificate of Amendment or a certified copy of the amendment must accompany this application.

1. Check either or both of the following which apply:

- ☐ The name of the entity is changing its name in Utah to the new name of the corporation in the home state.
☐ The name of the entity is being changed in Utah to comply with Utah State Insurance Regulations.

2. Amending the business name:

Current Name in Utah: _____

Name of Home State: _____

Business entity name in home state: _____

*The entity shall use as its name in Utah: _____

If the name is not available in Utah the corporation shall use _____

*The entity shall use its name as set forth, unless this name is not available.

3. Amending the duration of the business existence

The businesses period of duration is changed to: _____

4. Purpose of the business _____

5. Amending the state or country of incorporation/registration

The entity's state or country of incorporation/registration is changed to: _____

6. Under penalties of perjury, I declare this Application to Amend the Certificate of Authority or Registration to be, to the best of my knowledge and belief, true and correct.

Signature

Title

Date

You may file with the Division of Corporations the completed application in person, by mail, or fax. Means of payment are, cash, check, money order made payable to the "State of Utah". Please include one (1) self addressed envelope with application. **If you are faxing you must include, on a cover sheet, the number of a Visa or MasterCard with the date of expiration.**

FREE! You may visit our Web Site to access this document and other information.

Mail In: PO Box 146705
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Walk In: 160 East 300 South, Main Floor
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